



## Redeemer Chinese Evangelical Free Church

Office: #109, 3838 Midland Ave., Scarborough, ON M1V 5K5

Worship: 44 Kelvinway Drive, Scarborough M1W 1N6

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### LIABILITY WAIVER FORM

(For participant under 18 years of age and without accompanying parent(s)/guardian(s))

Event: 2014 Redeemer CEFC Summer Conference Date: June 21-22, 2014

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Contact No: (\_\_\_\_\_) \_\_\_\_\_

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any life-threatening allergies?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Precautions are taken for the safety of your child, but in the event of accident or sickness, **Redeemer Chinese Evangelical Free Church**, its staff, and its volunteers are hereby released from any liability.

**Your child must be covered by Provincial Health Insurance OR equivalent medical insurance.**

Please indicate:

☐ OHIP ☐ Medical Insurance: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Date